

# PHYSICIANS AND SURGEONS SHORT FORM PROFESSIONAL LIABILITY APPLICATION

## SECTION I – PHYSICIAN INFORMATION

- 1) Full Name of Applicant:
  
- 2) Principal Office Mailing Address:
  
- 3) Social Security Number:
- 4) Date of Birth:
- 5) Primary Medical Specialty:
- 6) Subspecialty:
- 7) Please provide the full legal name and physical address for the entity/entities you are working on behalf of.
  
- 8) Board certified? Yes    No
- 9) State(s) in which you hold a license to practice medicine:

State	License Number	State	License Number

## SECTION II – PHYSICIAN UNDERWRITING INFORMATION

- 10) Enter the approximate number of surgical/medical procedures you performed last year:

<u>PAIN MANAGEMENT - CATEGORY 1</u>			
	Facet Joint Blocks		Radio Frequency Nerve Ablation
	Lesioning		Rapid Opiate Detoxification
	Percutaneous Discectomy		Selective Nerve Root Block
	Percutaneous Endoscopic Nerve Root Decompression		Sympathetic Blocks
	Peripheral Nerve Block		Trigger Point Injections
<u>PAIN MANAGEMENT - CATEGORY 2</u>			
	Discectomy		Peripheral Nerve Stimulation
	Dorsal Column Simulator Implants/Reprogramming		Spinal Infusion Implants/Pumps; Removal, Refilling/Reprogramming
	Epidural or Spinal Catheters		Vertebroplasty
	Intradiscal Electrothermal Therapy		

<b>ALTERNATIVE AND OTHER PROCEDURES NOC</b>			
	Acupuncture		Hypnotherapy
	Alternative Cancer Treatments NOC – Describe:		IV Hydration / vitamin injections
	BHRT pellets / Testosterone injections		Ketamine Therapy
	Chelation Therapy		Medical Evaluations
	Chemabrasion / Dermabrasion		Naturopathy/Homeopathy/Herbal Medicine
	COVID 19 treatments – Describe:		Needle Biopsies
	Cryotherapy		Osteopathic / Chiropractic Manipulation – No Anesthesia
	Electroshock Therapy		Osteopathic / Chiropractic Manipulation – Under Anesthesia
	Erectile Dysfunction Treatments		Ozone Therapy
	Hair transplants		Prolotherapy
	HBOT:		Rapid Opiate Detoxification
	Elective		Sclerotherapy
	Wound Care		Transcranial magnetic simulation (TMS)
	Other – Describe:		

**INVASIVE & SURGICAL PROCEDURES**

	Abortion		Fertility / Infertility Treatments
	Angiography / Arteriography		Hysterectomies
	Angioplasty		Laparoscopic
	Bariatric Surgery – List Procedures:		Other:
	Cardiac Catheterization		Interventional Radiology
	Cholecystectomies		Neurosurgery
	<b><u>COSMETIC / PLASTIC SURGERY</u></b>		Orthopedic Surgery
	Breast Augmentation		Spine
	Breast Reduction		No Spine
	Fat Recycling – List Body Parts:		Organ Transplants
	Liposuction – Max CC's		Radiation Therapy Including Implants
	Silicone Implants – List Body Parts:		Research / Clinical Trials
	Penile Lengthening / Enhancements		Gender Reassignment Surgery – List Procedures:
	Other Cosmetic Surgeries – List:		Spinal Surgery
	Circumcision		Surgical Procedures for Research – Details:
	Cryosurgery / Malignant Lesions		Tonsillectomies / Adenoidectomies
	D&C		Vasectomies / Reversals
	Endoscopic Procedures		Vascular / Thoracic Surgery
	Other Surgical Procedures Not Listed Above:		

a. Total number of surgical procedures per year:

b. Total number of non-surgical procedures per year:

- 11) Average Weekly Patient Load:
- 12) Average number of hours worked per week:
- 13) Does your practice include Pain Management? Yes No  
 If Yes, specify the percentage of your practice derived from Prescription Only Pain Management. %
- 14) Does your practice include prescribing of opioids? Yes No  
 If Yes, provide the following details:
- a. Specify the percentage of your practice derived from opioid prescriptions %
  - b. Do you full comply with the [CDC Guideline for Prescribing Opioids](#)? Yes No
  - c. Does your practice adhere to any and all prescription drug monitoring program (PDMP) requirements in the state(s) where you conduct business? Yes No
  - d. Do you also dispense the opioids? Yes No
- 15) Has your license to practice medicine or your permit to prescribe drugs, or your hospital staff privileges over been denied, revoked, suspended, placed on probation, subjected to reprimand, voluntarily surrendered or in any other way limited, or has it been or is it currently under investigation? Yes No  
 If Yes, explain:
- 16) Has any insurance company ever canceled, declined to issue or refused to renew your professional liability insurance? Yes No  
 If Yes, explain:
- 17) Has any claim or suit for alleged malpractice been brought against you? Yes No  
 If Yes, how many total claims or incidents?  
 If Yes, complete the [Supplemental Claim Information Form](#) for each and every claim. Also, attach five years of currently valued company loss runs.
- 18) Has any claim or suit for alleged malpractice been made against you that has NOT been reported to a prior insurer? Yes No  
 If Yes, complete the [Supplemental Claim Information Form](#) for each and every claim.
- 19) Are you aware of any acts, errors, omissions or circumstances which may result in a malpractice claim or suit being made or brought against you? Yes No  
 If Yes, provide details including name of claimant, date of occurrence, date of first contact allegation and current status of incident:

20) Have you ever been treated or evaluated for alcoholism or drug addiction, psychiatric / psychological treatment or evaluation? Yes    No  
If Yes, explain:

21) Have you received any major medical / surgical treatment or evaluation for illness or accident? Yes    No  
If Yes, explain:

\*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***